

PTO/SB/97 (08-03)

Approved for use through 07/31/2006, OMB 0651-0031

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NOV 27 2006

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Patricia M. Fedorowycz

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TO: Mail Stop RCE

ATTACHED: - RCE (PTO/SB/30), in duplicate;
Request for Continued Examination (RCE) and
Response to Final Rejection (Drawing Replacement
Sheet, Fig. 1 attached);
FEE TRANSMITTAL (in duplicate).

RESPONSE DUE: November 26, 2006

CUSTOMER NO.: 24498
Serial No.: 09/841,140
Docket No.: PU010005
Art Unit: 2621
Examiner: David J. Czekaj

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET:21

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to

PTO/SB/17 (01/08)

Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **790.00**

Complete If Known

Application Number	09/841,140	RECEIVED
Filing Date	April 24, 2001	CENTRAL FAX CENTER
First Named Inventor	Damien Keebler	
Examiner Name	David J. Czajak	NOV 27 2006
Art Unit	2621	
Attorney Docket No.	PU010005	

METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498

Check Credit card Money Order None Other (please identify): _____

Deposit Account: Deposit Account Number **07-0832**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)****Small Entity****Fee (\$)****Fee (\$)****Fee (\$)****Fee (\$)****Fee (\$)****Fee (\$)**

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims**Fee (\$)****Fee Paid (\$)**

Independent Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **Fee for filing RCE**

Fee Paid (\$)**790.00****SUBMITTED BY**

<i>Gr/</i> Name (Print/Type) <i>RONALD H. KUDYLA</i>	Registration No. (Attorney/Agent) <i>BRYANT DORN, 43,599</i>	26,9326	Telephone	(609) 734-6818
Signature <i>RONALD H. KUDYLA</i>				November 27, 2006 (MMS)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to be furnished by the USPTO in processing an application. Confidentiality is maintained to the extent possible depending upon the individual case. Any comments on the amount of time you require to complete this form should be directed to the USPTO Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1400, Alexandria, VA 22313-1400. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1400, Alexandria, VA 22313-1400. If you need assistance in completing the form, call 1-800-PTO-8188 and select option 2.

Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4819).

FEE TRANSMITTAL

for FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 780.00)

Complete If Known

Application Number	09/841,140	RECEIVED
Filing Date	April 24, 2001	CENTRAL FAX CENTER
First Named Inventor	Damien Kestler	
Examiner Name	David J. Czekej	NOV 27 2006
Art Unit	2621	
Attorney Docket No.	PU010005	

METHOD OF PAYMENT (check all that apply) **CUSTOMER NUMBER: 24498**

Check Credit card Money Order None Other (please identify): _____

Deposit Account: Deposit Account Number **07-0832**

Deposit Account Name: **THOMSON LICENSING INC.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 fee(s) under 37 CFR 1.16 and 1.17

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20.

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Fee for filing RCE

Fee Paid (\$)780.00

SUBMITTED BY

Name (Print/Type)	RONALD H. KUDYLA	Registration No. (Attorney/Agent)	26,9326	Telephone	(609) 734-6818
Signature	BRIANT DORN, 93599				November 27, 2006 (mon)

This collection of information is required by 37 CFR 1.30. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.